

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000534

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 32

FILED FEB 6 1963

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Calloway</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Fulton</u>                            |  | c. CITY OR TOWN <u>Edgar Springs</u>   |  |
| Length of stay in 1b<br><u>24 yrs</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>State Hosp. # 1</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>ukwn</u>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |

|  |                              |   |   |                                     |  |
|--|------------------------------|---|---|-------------------------------------|--|
| 3. NAME OF DECEASED<br>(Type or print) First <u>Lucy</u> Middle <u>Bradford</u> Last <u></u>   |                              |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>2</u> Year <u>1963</u> |                                     |  |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>ukwn</u>                                     | 9. AGE (last birthday)<br><u>91</u> | IF UNDER 1 YEAR<br>Months <u></u> Days <u></u>             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housekeeper</u>  |                              |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>home</u>                    |                                     | 11. BIRTHPLACE (City and state or country)<br><u>ukwn.</u> |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u>   |                              |   | 13a. FATHER'S NAME<br><u>ukwn</u>                                   |                                     |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>ukwn</u>   |                              |   | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>                          |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)<br><u>ukwn</u> |                              |   | 16. SOCIAL SECURITY NO.<br><u>ukwn</u>                              |                                     |  |
| 17. INFORMANT<br><u>Hospital records</u>   |                              |   | Address<br><u>Fulton Mo</u>   |                                     |  |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Emboli</u><br>DUE TO (b) <u>Below vein thrombosis</u><br>DUE TO (c) <u></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u></u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u></u>   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |   |   |
|--|---|---|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u></u> |   |
| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u>  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u></u>  |   | 20f. CITY, TOWN, OR LOCATION<br><u></u>   |   |
| 20g. COUNTY<br><u></u>   |   | 20h. STATE<br><u></u>   |   |
| 21. attended the deceased from <u>Aug, 1, 1938</u> to <u>Feb, 2, 1963</u> and last saw her alive on <u>XXXXXXXXXX</u><br>Death occurred at <u>7:00</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><u>James H. Ottelbrecht M.D.</u>   |   | 22b. ADDRESS<br><u>State Hosp.</u>  |   |
| 22c. DATE SIGNED<br><u>2/2/63</u>  |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL<br><u>Burial</u>   | 23b. DATE<br><u>Feb, 4, 1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Smith Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>Flat Mo</u> |

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR<br><u>Browning Funeral Home Fulton Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 2 - 1963</u> | 26. REGISTRAR'S SIGNATURE<br><u>Maretha Lawrence</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
10147  
20810  
3  
4 1  
5 0  
6  
7 9  
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9466X  
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11  
12 93-0  
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed AR Masure

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.